



## PART B - FEE(S) TRANSMITTAL

Completed and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax** (571)-273-2885

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

26285 7590 06/20/2008

**KIRKPATRICK & LOCKHART PRESTON GATES ELLIS LLP**  
**535 SMITHFIELD STREET**  
**PITTSBURGH, PA 15222**

07/16/2008 SDIRETA2 0000006 111110 09998152

01 FC:1501 1440.00 DA  
 02 FC:8001 30.00 DA

**Note:** A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

### Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/998,152	11/30/2001	Donald P. Coleman	010520	5007

**TITLE OF INVENTION: METHODS AND SYSTEMS FOR AUTOMATED DATA COLLECTION AND ANALYSIS**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$0	\$0	\$1440	09/22/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
ROBINSON, GRETA LEE	2168	707-010000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 K&L Gates LLP

2 \_\_\_\_\_

3 \_\_\_\_\_

### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Midland Loan Services, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Pittsburgh, PA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

#### 4a. The following fee(s) are submitted:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 10

#### 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

A check is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-1110 (enclose an extra copy of this form).

#### 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Typed or printed name Roberto Capriotti

Date

7/15/2008

Registration No.

46,599

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Authorized Signature

Roberto Capriotti

Typed or printed name

Date

7/15/2008

46,599

Registration No.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: 2168

Examiner: Greta Lee Robinson

METHODS AND SYSTEMS  
FOR AUTOMATED DATA  
COLLECTION AND ANALYSIS

In re Application of:  
Donald P. Coleman

Confirmation No. 5007

Serial No. 09/998,152

Filed: November 30, 2001

**Mail Stop: Issue Fee  
Commissioner for Patents  
P.O. Box: 1450  
Alexandria, VA 22313-1450**

**EXPRESS MAIL CERTIFICATE**

“Express Mail” label number EB616632324US

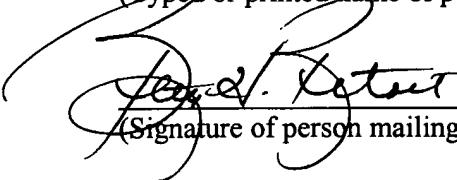
Date of Deposit July 15, 2008

I hereby certify that the following attached paper or fee:

**TRANSMITTAL OF PAYMENT OF ISSUE FEE (In duplicate)  
PTO FORM-85B (In duplicate)  
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Beth H. Retort  
(Typed or printed name of person mailing paper or fee)

  
(Signature of person mailing paper or fee)

**(Express Mail Certificate )**



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: 2168

Examiner: Greta Lee Robinson

METHODS AND SYSTEMS  
FOR AUTOMATED DATA  
COLLECTION AND ANALYSISIn re Application of:  
Donald P. Coleman

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Serial No. 09/998,152

Filed: November 30, 2001

**Mail Stop: Issue Fee**  
**Commissioner for Patents**  
**P.O. Box: 1450**  
**Alexandria, VA 22313-1450**

**TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. 1.311)**

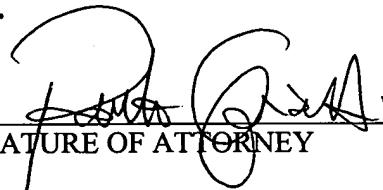
1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.
2. Fee (37 C.F.R. 1.18(a) and (b)):  
 Application status is:
 

<input type="checkbox"/> small business entity-fee	<u>Regular</u>	<u>Design</u>
	<input type="checkbox"/> \$720.00	<input type="checkbox"/> \$410.00

 A small entity. See 37 C.F.R. § 1.27 (65 Fed. Reg. 54603, September 8, 2000).
   
 other than a small entity-fee       \$1,440.00       \$820.00
3. Payment of fee:
 

<input type="checkbox"/> Enclosed please find check for \$_____.
<input checked="" type="checkbox"/> <u>Charge Account 11-1110 for any fee deficiency.</u>
<input checked="" type="checkbox"/> <u>Charge Account 11-1110 the sum of \$1,470.00.</u>

 A duplicate of this request is attached.

  
 SIGNATURE OF ATTORNEY

Roberto Capriotti

(type or print name of person certifying)

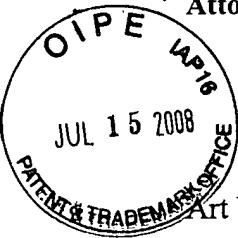
K&amp;L Gates LLP

Henry W. Oliver Building

535 Smithfield Street

Pittsburgh, PA 15222-2312

Reg. No.: 46,599  
 Tel. No.: (412) 355-6423  
 Customer No. 26285



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Att Unit: 2168

Examiner: Greta Lee Robinson

METHODS AND SYSTEMS  
FOR AUTOMATED DATA  
COLLECTION AND ANALYSISIn re Application of:  
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Confirmation No. 5007

Serial No. 09/998,152

Filed: November 30, 2001

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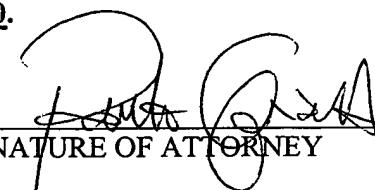
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<input checked="" type="checkbox"/>	<u>Charge Account 11-1110 for any fee deficiency.</u>
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\_\_\_\_\_  
SIGNATURE OF ATTORNEYRoberto Capriotti*(type or print name of person certifying)*

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